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APPLICANTS Roberta No	ra Malone Rooney, North C	olmsted,	ОН;					
** CONTINUING DATA **********************************								
** FOREIGN APPLICATIONS ************************************								
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/23/2004								
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after Allowance Verified and Acknowledged Example of Signature Initials			STATE OR COUNTRY OH	SHEETS DRAWING 6		TOTAL CLAIMS 16		INDEPENDENT CLAIMS 1
ADDRESS 041164								
TITLE								
METHOD TO TREAT PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS AND THE LIKE								
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				☐ All Fees			
					1.16 Fees (Filing)			
RECEIVED					☐ 1.17 Fees (Processing Ext. of time)			
685					☐ 1.18 Fees (Issue)			
					Other			
				☐ Credit				